



**Boys & Girls Club of Greater Waterbury
Summer Enrichment Program
Application - Summer 2018**

Please complete the Application below in its entirety (no blanks) and return it with your registration fee. Checks, Credit Cards* and/or Money Orders should be made out to the Boys & Girls Club of Greater Waterbury. **Cash payments are not accepted.** (A convenience fee applies to all credit card transactions.) The paid registration fee and weekly deposit will reserve your child's spot for the week(s) you choose.

**Registration begins on April 9, 2018 and must be done in person at the
Boys & Girls Club of Greater Waterbury
Registration will be accepted Monday - Friday, 9 am - 2 pm ONLY**

FEES*

- Registration Fee (**non-refundable**) - paid on or before May 10th:\$20.00
- Registration Fee (**non-refundable**) - paid after May 10th:\$25.00
- Deposit (**non-refundable**):\$20.00/week
(deposit is due for each week reserved - ex: to reserve three weeks, deposit is \$60.00)
- Enrichment Program (Monday - Thursday -7am - 5pm):.....\$125 .00/week
- Enrichment Program - **Week of July 2nd - 6th ONLY**: \$100 .00/week

ALL CHILDREN MUST BE AT THE CLUB BY 9AM DAILY

(Fees include all activity costs, breakfast and lunch)

*No partial week or part time registrations allowed

◇ No more than 50 students/session. After 50, a waiting list will be created. Parents/guardians will be notified at least two (2) weeks prior if a spot opens up in the desired session.

**A complete Application, signed Health Form and payment in full
are required prior to any child starting the program.**

Student's Full Name: _____

STUDENT INFORMATION

Child's First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Current Age: _____ (must be 6 years old as of 6/1/18)

Grade: _____ (fall 2018) School: _____

Gender (circle one): Male Female

Ethnicity (circle one): African American or Black Asian White
Hispanic or Latino American Indian or Alaska Native
Native Hawaiian or Pacific Islander Other
Two or more races

Is student a member of the Boys & Girls Club of Greater Waterbury? (circle one): Yes No

Does student receive free or reduced cost lunch at school? (circle one): Yes No

How many adults (over 18 years old) live in the household? _____

How many children (under 18 years old) live in household? _____

Total Family Income (circle one):	\$0 - \$10,000	\$60,001 - \$70,000
	\$10,001 - \$20,000	\$70,001 - \$80,000
	\$20,001 - \$30,000	\$80,001 - \$90,000
	\$30,001 - \$40,000	\$90,001 - \$100,000
	\$40,001 - \$50,000	\$100,001 or more
	\$50,001 - \$60,000	

Responsible Party (for payment):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)-____ Work Phone: (____)-____

Home Phone: (____)-____

Student's Full Name: _____

FOR OFFICE USE ONLY:

(ALL PAYMENTS MUST BE RECORDED BELOW)

Amount paid: \$_____ (copy of receipt(s) must be kept in camper's file)

Paid by (circle one): Cash Credit Card Check #: _____

Payment for (circle one): Registration - early Registration
 Deposit # of weeks: _____
 Camp (balance due) # of weeks: _____

Financial Assistance (circle all applicable):*
 CAMPERSHIP Awarded (circle one) yes no Week of: _____

*copies of all financial assistance paperwork must be kept in camper's file

Date: _____ Received by: _____

Please Indicate Below Weeks For Which You Are Registering:

Week #	Enrichment Program	Week of:	Balance Due In Full By: (Thursday prior)
1	<input type="checkbox"/> \$125.00	June 25 - June 28	June 21 st
2	<input type="checkbox"/> \$100.00	July 2 - July 5* (No camp July 4)	June 28 th
3	<input type="checkbox"/> \$125.00	July 9 - July 12	July 5 th
4	<input type="checkbox"/> \$125.00	July 16 - July 19	July 12 th
5	<input type="checkbox"/> \$ 125.00	July 23 - July 26	July 19 th
6	<input type="checkbox"/> \$ 125.00	July 30 - August 2	July 26 th
7	<input type="checkbox"/> \$125.00	August 6 - August 9	August 2 nd

**PAYMENT IN FULL MUST BE RECEIVED BY 12 NOON ON THE THURSDAY PRIOR
NO CASH ACCEPTED/CHECK, CREDIT CARD OR MONEY ORDER ONLY**

Student's Full Name: _____

Parent/Guardian Contact Information:

Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)-_____*required Work Phone: (____)-_____

Home Phone: (____)-_____

Place of employment: _____ Occupation: _____

Email: _____

Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)-_____*required Work Phone: (____)-_____

Home Phone: (____)-_____

Place of employment: _____ Occupation: _____

Email: _____

Emergency Contact: (other than parent/guardian; must list 2)

Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)-_____*required Work Phone: (____)-_____

Home Phone: (____)-_____

Relationship to child: _____ Lives with child: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)-_____*required Work Phone: (____)-_____

Home Phone: (____)-_____

Student's Full Name: _____

Medical Information:

Physician: _____ Physician Phone: _____

Insurance Company: _____ Insurance ID#: _____

Does your child have any medical problems (circle one): yes no

If yes, please explain:

Does your child have any allergies (circle one): yes no

If yes, please explain:

Does your child use an Epi-Pen (circle one): yes no

Does your child use an inhaler (circle one): yes no

Does your child take any medications regularly (circle one) yes no

If yes, please explain:

FIRST AID EMERGENCY RELEASE

In the event of a minor accident, a trained staff member will administer necessary first aid. We will clean and bandage small wounds, apply ice or warmth, provide a place to rest, and the like.

In the event your child requires emergency medical attention, we will call 911 and take the following steps pursuant to your direction.

PLEASE SIGN ONLY ONE OPTION BELOW FOR CASES OF MEDICAL EMERGENCY:

OPTION #1:

If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature

Phone #

Date

OPTION #2:

If my child requires emergency medical attention, it is my wish that treatment be started immediately while efforts are made to contact me. So that treatment is not delayed, I consent to medical procedures the emergency staff deem necessary and accept responsibility for all costs related to such treatment.

Parent/Guardian Signature

Phone #

Date

Student's Full Name: _____

AUTHORIZATION TO APPLY NON-PRESCRIPTION TOPICAL LOTION

I hereby give permission to the staff of the Boys & Girls Club of Greater Waterbury to apply non-prescription topical lotions or sprays to my child when needed or requested. Non-prescription topical lotions or sprays may include sunscreen, suntan lotion, Vaseline, insect repellent, powder, Calamine Lotion, Caladryl and other similar products.

Each child must provide his/her own non-prescription topical lotion or spray clearly labeled with his/her name. All such lotions or sprays must be given directly to Club staff.

Parent/Guardian signature & printed name

Date

ADULTS AUTHORIZED TO PICK UP CHILD

Please list the names of the adults (including parents) authorized who may pick up the child from the Club. Children will **not** be allowed to leave the program with anyone not listed below. Photo ID must be provided.

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____

Email: _____

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____

Email: _____

Name: _____

Relationship to camper: _____

Phone: _____

Email: _____

Name: _____

Relationship to camper: _____

Phone: _____

Email: _____

EARLY DROP-OFF/LATE PICK-UP POLICY

All children must be dropped off and picked up at the appropriate times, as follows:

- Children may not be dropped off prior to 7am and must be picked up by 5pm.
- **A \$15/hour fee will be charged for early drop-offs and late pick-ups.** This fee will apply immediately after closing. (ie., 1 - 30 minutes early/late = \$15; 31 - 60 minutes early/late = \$30, etc.)
- All early drop-off/late pick-up fees are due at drop-off on the following day. Children will not be allowed to stay at the Club unless all fees are paid in full.
- Time is determined by the clock at the front desk of the Boys & Girls Club.
- **If we have not made contact with a parent/guardian or emergency contact and 1 hour has passed from the pick-up time, the Boys & Girls Club will contact the Waterbury Police Department &/or the Department of Children & Families.**

Please make sure that all contact information is current.

I have read and understand the above Early Drop-off/Late Pick-Up Policy.

Parent/Guardian Signature & Printed Name

Date

Student's Full Name: _____

ADDITIONAL IMPORTANT INFORMATION
(NO EXCEPTIONS)

- Application must be complete.
- All children must have a current and complete health form signed by the doctor in order to start camp. Physicals must have been completed within the last year. Copies of school physicals are NOT acceptable.
- Payment in full is due the Thursday prior to the start of the week. Checks, credit card or money orders ONLY.
- Registration fees and deposits are NON-REFUNDABLE.
- Additional paid fees will be refunded ONLY if prior notice is provided to the Director, **in writing, at least fourteen (14) calendar day in advance**. If notice is given with less than fourteen (14) days notice, only 50% of additional paid fees will be refunded.
- All children must be signed in and signed out every day. Parents, guardians and other authorized adults will be asked for photo ID at pick-up.
- All children must be dropped off and picked up on time (*See Early Drop-Off/Late Pick Up Policy*)
- Any children requiring an inhaler or Epi-Pen must be able to self-administer. State of Connecticut guidelines require that all inhalers and Epi-Pens must be kept on site during the time the child is attending camp.
- No over the counter or prescription medications will be administered by the staff; parents or authorized designee (in writing) must administer any such medications on site.
- You must provide a current phone number on which you can be reached during the day.
- Children should NOT bring the following to the Club:
 - Toys
 - Cell phones or other electronics, including iPads, video games, etc.
 - Other personal belongings
- The Boys & Girls Club is not responsible for lost or stolen items.
- The Boys & Girls Club reserves the right to discipline any child, up to and including suspension or expulsion from the Club for the summer, pursuant to its Discipline Policy, for behavior problems. All incidents, regardless of discipline, will be documented and reviewed with the parent(s)/guardian(s). **NO REFUNDS IN CASES OF SUSPENSION OR EXPULSION.**

I have read and understand the above important information.

Parent/Guardian Signature & Printed Name

Date

Student's Full Name: _____

RELEASE

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Waterbury, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of the Boys & Girls Club of Greater Waterbury. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Club of Greater Waterbury with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

Surveys & Questionnaires

Boys & Girls Club frequently ask for members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

Technology

I understand that Boys & Girls Club of Greater Waterbury will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club will discuss internet safety with my child but that I, as the parent/guardian, must discuss this with my child as well.

I have read the completed application and this form, understand the policies/expectations of the Boys & Girls Club and request that my child attend the Summer Enrichment Program. I have received a copy of the Child & Parent/Guardian Handbook and will read/review it with my child.

Parent/Guardian Signature & Printed Name

Date